

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582292

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
5		/				
6	/					
7		/				
8						
9		/				
10		/				
11		/				
12	/					
13		/				
14	/					
15		/				
16	/					
17		/				
18	/					
19		/				
20	/					
21		/				
22	/					
23		/				
24	/					
25						
26	/					
27						
28	/					
29						
30		/				
31	/					
32		/				
33	/					
34		/				
35	/					
36						
37		/				
38	/					
39		/				
40	/					
41						
42	/					
43		/				
44	/					
45						
46		/				
47		/				
48	/					
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			20			
TOTAL DEP.			32			
TOTAL CLAIMS			52			